

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <hr/> TELEPHONE NO. (Optional): FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
ORDER APPOINTING CHILD CUSTODY EVALUATOR	CASE NUMBER:

THE COURT ORDERS AS FOLLOWS:

1. Name

a. ☐ local court-connected child custody evaluation service (specify):

OR

b. ☐ private child custody evaluator (name):

OR

c. ☐ other (specify):

is appointed to perform a full or partial child custody evaluation in this matter under

2. The scope of the evaluation is (specify):

3. Within 10 court days of receipt of this order and prior to commencing the evaluation, the child custody evaluator must file a *Declaration of Child Custody Evaluator Regarding Qualifications* (form FL-326) with the court, unless the person is a court-connected employee who must annually file the *Declaration of Child Custody Evaluator Regarding Qualifications* (FL-326).

Date:



(JUDGE OF THE SUPERIOR COURT)

☐ Number of pages attached: _____